

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17918

State File No. 163

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY OR TOWN <u>Fulton, Mo.</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #1, Fulton, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>10th &amp; Washington</u> <u>0925</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STERLING</u>		b. (Middle) _____		c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1955.</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>1903-42</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D.K.</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease.</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH years _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		21. ACCIDENT SUICIDE HOMICIDE <u>none</u> (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21c. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 1952</u> , 19____, to <u>June 23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 22</u> , 19 <u>55</u> , and that death occurred at <u>3:30 a. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>E.C. Repley M.D. per J.T. Nichols M.D.</u>				23b. ADDRESS <u>State Hospital #1, Fulton, Mo.</u>		23c. DATE SIGNED <u>6-23-55.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 28-1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>4261-8</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.C. Winks, Fulton, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 12 1958

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.